



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL

City of Hospital: Tipton

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1311

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$29108910
Outpatient Patient Service Revenue	\$75386622
Total Gross Patient Service Revenue	\$104495532

2. Deductions From Revenue

Contractual Allowance	\$61427142
Other Deductions	\$1107534
Total Deductions	\$62534676

3. Total Operating Revenue

Net Patient Service Revenue	\$41960856
Other Operating Revenue	\$1069977
Total Operating Revenue	\$43030833

4. Operating Expenses

Salaries and Wages	\$10456074	Employee Benefits	\$2470199
Depreciation and Amortization	\$1428700	Interest Expense	\$818811
Bad Debt	\$970271	Other Expenses	\$18167502
Total Operating Expenses	\$34311557		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8719276	Total Assets	\$55051567
Net Non-operating Gains over Loss	\$286937	Total Liabilities	\$55051567

Total Net Gains	\$9006213
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51518597	\$32259179	\$19259418
Medicaid	\$11255441	\$10815201	\$440240
Other Government	\$620824	\$224524	\$396300
Other State	\$0	\$0	\$0
Other Payers	\$41100670	\$19235771.84	\$21864898.16
Total	\$104495532	\$62534675.84	\$41960856.16

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$2286.00	\$-2286

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$150061.00	\$-150061
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	58

Statement Six: Charity Statement

Hospital Charity Charges	\$1634165.00
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$504888	
HCI Payments	\$0		
Subtotal	\$0	\$504888	\$-504888
Medicaid Shortfalls	\$557240	\$4242680	
Subtotal	\$557240	\$4747568	\$-4190328
DSH Payments	\$0		
Subtotal	\$557240	\$4747568	\$-4190328
Medicare Shortfalls	\$14110867	\$13250926	
Other Government Programs	\$0	\$0	
Total	\$14668107	\$17998494	\$-3330387

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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